


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000084506 1. Entity Name R H WURZ, INC.					
Principal Place of Business 418 MIDWAY ISLAND CLEARWATER FL 33767 US			Mailing Address 418 MIDWAY ISLAND CLEARWATER FL 33767 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3469545	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent VEGHTE, BRUCE B 418 MIDWAY ISLAND CLEARWATER FL 33767				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P VEGHTE, BRUCE B 418 MIDWAY ISLAND CLEARWATER FL 33767	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000498510 04/22/06-80094-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VEGHTE, RICHARD C 1126 WOODCREST AVE CLEARWATER FL 33756	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P VEGHTE, BRUCE B 418 MIDWAY ISLAND CLEARWATER BEACH FL 33767	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VEGHTE, RICHARD C 1126 WOODCREST AVE CLEARWATER FL 33756	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP HAYES, ELIZABETH 418 MIDWAY ISLAND CLEARWATER BEACH FL 33767	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and that I am otherwise empowered.					
SIGNATURE: _____ DIRECTOR BRUCE B. VEGHTE 4/7/06 727-442-4098					